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Relationship Dynamics around Depression in Gay and Lesbian Couples

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Abstract

Research on intimate relationship dynamics around depression has primarily focused on heterosexual couples. This body of work shows that wives are more likely than husbands to offer support to a depressed spouse. Moreover, when wives are depressed, they are more likely than husbands to try and shield their spouse from the stress of their own depression. Yet, previous research has not examined depression and relationship dynamics in gay and lesbian couples. We analyze in-depth interviews with 26 gay and lesbian couples (N = 52 individuals) in which one or both partners reported depression. We find evidence that dominant gender scripts are both upheld and challenged within gay and lesbian couples, providing important insight into how gender operates in relation to depression within same-sex contexts. Our results indicate that most gay and lesbian partners offer support to a depressed partner, yet lesbian couples tend to follow a unique pattern in that they provide support both as the non-depressed and depressed partner. Support around depression is sometimes viewed as improving the relationship, but if the support is intensive or rejected, it is often viewed as contributing to relationship strain. Support is also sometimes withdrawn by the non-depressed partner because of caregiver exhaustion or the perception that the support is unhelpful. This study points to the importance of considering depression within gay and lesbian relational contexts, revealing new ways support sustains and strains intimate partnerships. We emphasize the usefulness of deploying couple-level approaches to better understand depression in sexual minority populations.

Keywords

United States; Depression; Gay and Lesbian Relationships; Gender; Intimate Relationships; Relationship Dynamics; Support; Qualitative Methods

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Depression typically occurs in the context of social relationships, perhaps most saliently in intimate relationships. Depression clearly shapes intimate relationship dynamics, but past research on relationship dynamics around depression is primarily limited to heterosexual marriages. These studies show that relationship quality decreases in response to depression of a partner (Najman et al., 2014; Whisman & Bruce, 1999) and that being married to someone with depression increases one's own risk of depression (Coyne et al., 1987; Siegel et al., 2004; Thomeer et al., 2013). At the same time, spouses often work together to alleviate depression, and these experiences may counterintuitively enhance intimacy and help sustain relationships (Sharabi et al., 2015). Moreover, these experiences depend on whether considering the husband's or the wife's depression, as intimate relationship dynamics within heterosexual marriage—and depression processes more generally—are strongly gendered wherein gendered scripts and structures stipulate how women and men react to both their own and their spouse's depression (Apesoa-Varano et al., 2015; Bottorff et al., 2013; Oliffe et al., 2011; Reczek & Umberson, 2012; Thomeer et al., 2013).

Despite significant research on depression within heterosexual marriage, relatively little is known about within-couple relationship dynamics around depression in gay and lesbian relationships. It is unclear how gay and lesbian couples interact in response to a partner's depression or the similarities and differences between gay couples' and lesbian couples' approaches. These issues are critical given that most gay and lesbian people are in an intimate relationship (Gates, 2015) and given that mental health scholars have consistently demonstrated that gay- and lesbian-identified adults have higher rates of depression than heterosexual-identified adults (Hatzenbuehler et al., 2009; Hsieh, 2014; Mays & Cochran, 2001; Meyer, 1995, 2003). Further, because past studies of intimate relationships and depression focus on relationships between a man and a woman, empirical examination of depression and interpersonal dynamics in gay and lesbian relationships advances understanding of gendered depression experiences across diverse relationship contexts.

In this study, we use dyadic qualitative methods to examine relationship dynamics of gay and lesbian couples wherein depression is reported by one or both partners. In our analysis of in-depth couple-linked interviews with 52 adults in 26 long-term gay and lesbian relationships, we ask: What are the relationship dynamics around depression within gay and lesbian couples? The present study builds on recent calls to examine how mental health processes are experienced jointly by both partners within gay and lesbian relationships (LeBlanc et al., 2015; Umberson et al., 2015a). In doing so, we consider how depression within gay and lesbian relationships is not an individual experience; rather, depression reverberates between partners in ways that demonstrate both resilience and vulnerability in relationships.

Background

Gay and lesbian adults have higher rates of depression, more depressive symptoms, and higher suicide rates than heterosexuals (Hatzenbuehler et al., 2009; Mays & Cochran, 2001; Meyer, 2003; Russell, 2003). The minority stress framework articulates that this mental health disadvantage is due to the higher levels of stress gay and lesbian adults face,

including individual and institutional discrimination, prejudice, and homonegativity (Meyer, 1995). Previous research has paid close attention to minority stress theory to determine sexual minority mental health disadvantage, and most work in this area examines depression among gay men and lesbian women at the individual level (see Institute of Medicine, 2011 for overview). Although this individual-focused research is important, the majority of gay and lesbian adults are in some form of intimate relationship (Gates, 2015). Intimate relationships are potentially important resources for depressed gay and lesbian individuals, as gay and lesbian adults in intimate relationships have lower rates of depression than single gay and lesbian adults (Ayala & Coleman, 2000; Oetjen & Rothblum, 2000). At the same time, intimate relationships could be an obstacle to recovery; dysfunctional interpersonal relationships, characterized by high conflict and low support, can exacerbate depressive symptoms and increase the risk for chronic and recurrent depression (Hammen, 2006). LeBlanc and colleagues recently argued for greater attention to gay and lesbian intimate relationships within a minority stress framework, stating, “More work is needed to foster deeper understandings of individual mental health as it is influenced not only by individual-level stressors but also by stressors inherently and uniquely tied to their experiences as partners in close [gay and lesbian] relationships” (2015: 45). Within this perspective, depression is not something faced in isolation but is experienced, for better or worse, through dyadic processes within the context of an intimate relationship. We extend this research call, but shift the focus from the ways in which individual mental health is influenced by experiences within gay and lesbian relationships to the ways in which individual mental health itself shapes gay and lesbian relationship dynamics.

Few studies to date examine how gay and lesbian relationship dynamics are shaped by depression. The ways in which depressed people are affected by and affect their intimate partners has been empirically examined in studies of heterosexual relationships and, to a lesser extent, lesbian relationships, though not gay relationships (Butterworth & Rodgers, 2006; Henderson et al., 2009; Holahan et al., 2007; Otis et al., 2006a; Sharabi et al., 2015; Thomeer et al., 2013; Whisman, 2001; Whisman & Uebelacker, 2009). These studies consistently show that depression is detrimental to relationship quality and sexual satisfaction. Potentially positive consequences of depression for relationship dynamics are examined less often, though one study of heterosexual couples indicates that depression may enhance relationship intimacy (Sharabi et al., 2015).

Gender differences in interpersonal dynamics within intimate relationships around depression are likely shaped by social constructions of gender. Gender constructions in turn influence gender scripts (i.e., expectations regarding men’s and women’s behaviors in social interactions which conform to social understandings of gender), which vary depending on whether one is in a relationship with a man or a woman, reflecting a gender-as-relational theoretical perspective (Moore, 2008; Springer et al., 2012; Umberson et al., 2015b). An understanding of gendered relationship dynamics around depression is limited because prior qualitative studies examine heterosexual couples only (Bottorff et al., 2013; Harper & Sandberg, 2009; Oliffe et al., 2011; Sandberg et al., 2002; Sharabi et al., 2015; Thomeer et al., 2013). These studies demonstrate that heterosexual men’s and women’s experiences with depression within intimate relationships are largely structured around discourses of hegemonic masculinity and emphasized femininity. Hegemonic masculinity, the dominant

culture's ideals of being a man, emphasizing strength, stoicism, and self-reliance, is constructed in relation to emphasized femininity, defined as compliance to patriarchy through women conforming to the needs and desires of men (Connell & Messerschmidt, 2005). For example, in a recent study of depression within heterosexual couples, Thomeer and colleagues (2013) found that a depressed wife often works to protect her husband from her own depression, sometimes even actively concealing her depression from her husband. Yet other studies demonstrate that although many women work to achieve gendered ideals, in practice the strain of living with someone with depression often causes this gender script to break down and patience and care from a wife to her depressed husband has its limits (Bottorff et al., 2013; Oliffe et al., 2011). Support from husbands is markedly different than support from wives largely due to these gender constructions within marriage; in fact, one study found that the husband sometimes denies the seriousness of his wife's depression, such as by telling his wife to "get over it" and justifying these dynamics by saying that, as a man, he is unable to understand or help with his wife's emotions (Thomeer et al., 2013).

Considering gay and lesbian couples allows us to extend current understanding of how gender operates within intimate relationships. Studies of heterosexual couples emphasize gender difference, focusing largely on the ways in which men and women are constructed as distinct and opposite from one another. Based on this perspective, we would expect depression to impact interpersonal dynamics differently in lesbian compared to gay relationships, with gay couple dynamics being largely informed by masculinity discourses and lesbian couple dynamics being informed by femininity discourses. There is some support for this perspective from past studies which find that broader social constructions of women as emotional experts and natural nurturers and men as self-sufficient and incompetent at understanding emotions also seem to be operating within gay and lesbian relationship contexts (Rosenfield et al., 2005; Simon & Nath, 2004; Umberson et al., 2015b). For example, studies comparing gay and lesbian couples show that lesbian women provide substantial emotion work (i.e., activities done with the intention of changing an emotional state, Hochschild, 1979) more frequently in their intimate relationships than do gay men and that lesbian women desire fewer emotional boundaries between partners than do gay men (Rothblum, 2009; Umberson et al., 2015b). These gender constructions are likely produced and reproduced within gay and lesbian couples during periods of depression, yet this has not been explicitly empirically examined.

Moreover, gender scripts are highly dependent on social and relational context. Gender and sexual identity interact, such that social constructions of gender within gay and lesbian couples are distinct from those for heterosexual couples (Moore, 2008; Oswald et al., 2005). Whereas heterosexual men and women—particularly white middle class heterosexual men and women—are largely influenced by hegemonic masculinity and emphasized femininity discourses, gay men and lesbian women sometimes subscribe to gender scripts that de-emphasize power differences between partners; in turn, these variations on traditional gender scripts shape relationship dynamics, often translating into more equality within gay and lesbian relationships compared to heterosexual relationships (Goldberg, 2013; Prickett et al., 2015; Umberson et al., 2015b). For example, within heterosexual relationships, women do more work to improve their spouse's health than do men, but within gay and lesbian relationships, efforts to improve health are more balanced (Reczek & Umberson,

2012). Thus it may be the case that depression within gay and lesbian relationships is characterized by more egalitarian dynamics rather than unequal support exchanges as is the case in many heterosexual relationships (Thomeer et al., 2013). Further, men and women in gay and lesbian couples likely reject heteronormative masculinity and femininity discourses and adopt alternative gender constructions (Moore, 2008; Oswald et al., 2005), leading us to expect that relationship dynamics around depression will be distinct for women in lesbian relationships compared to women in heterosexual relationships and men in gay relationships compared to men in heterosexual relationships.

Data and Methods

Data Collection and Recruitment

We conducted a qualitative analysis of in-depth interviews from a larger study involving individual in-depth couple-linked interviews conducted with both partners in long-term (7 years or longer) gay and lesbian relationships. Interviews were conducted in a state where same-sex marriage was not legal at the time, but all couples in the study described their relationships as having a “marriage-like” commitment and many had commitment ceremonies or were married in another state. The goal of the broader project was to gather life course narratives demonstrating how partners influence each other’s health and well-being and how health and relationship dynamics change over time. Respondents were asked specifically about their own and their partner’s mental health. Partners were interviewed separately to preserve individual perspectives and provide a private and confidential space to openly discuss sensitive topics (e.g., sex, conflict). Our goal was to obtain individual and independent versions of joint experiences, providing us with a fuller picture of the experience of depression within the relationship; interviewing partners together would have allowed us to more closely observe partner dynamics, but this was not the focus of our retrospective study and would have compromised our ability to obtain open and honest reports from each spouse (Reczek, 2014).

With Institutional Review Board approval, respondents were recruited in a large southwestern U.S. city between 2005 and 2007. A variety of methods were used for recruitment including newspaper articles, flyers, snowball sampling, and community events. All respondents were screened by phone prior to enrollment to obtain the desired sample characteristics (e.g., average relationship duration and relationship type). Informed consent was obtained from all participants for inclusion in the study. Face-to-face interviews lasted 1.5 to 2.5 hours and typically occurred in respondents’ homes. Interviews were recorded and transcribed. Pseudonyms were assigned to protect confidentiality. The analytic sample for this study included 12 couples in cohabiting gay relationships and 14 couples in cohabiting lesbian relationships who discussed either their own or their partner’s depression (N = 26 couples; 52 individuals).

The semi-structured, in-depth interviews addressed relationship dynamics, intimacy, conflict, emotions, stress, physical and mental health, and health behaviors over the course of long-term relationships. Respondents were specifically asked, “Have you or your partner ever had a significant period of depression?” If they had, they were asked to discuss these periods of depression and what occurred during these periods. Respondents were then asked,

"How did this depression affect your relationship?" If both the respondent and their partner were depressed, each person was asked this set of questions separately regarding their own depression and their partner's depression. Respondents also discussed depression in other portions of the interview, such as when asked about times when they experienced changes in intimacy and stressful periods in their relationship.

The average relationship duration for the analytic sample was 20 years for gay couples and 14 years for lesbian couples (range: 8–32 years). The average age was 49 years for gay men and 43 years for lesbian women. Forty-four of the fifty-sex respondents were white, and nine of the couples had children at the time of the interview. Forty-four of the respondents had at least a college degree. The majority also reported a household income of $80,000 or more.

Analysis

We used a standardized method of inductive data analysis emphasizing the dynamic construction of codes for developing analytical, abstract, and theoretical interpretations of data (Silverman, 2006). We used NVIVO qualitative software to house the data only but did not use NVIVO programs for data coding. Our analysis was guided by inductive reasoning; patterns and conceptual categories were identified through systematic analysis of transcripts. Coding categories emerged from interviews; however, some conceptual and theoretical topics were predetermined for exploration through open-ended questions (e.g., emotion work, social control).

Throughout sample recruitment and data collection, we prioritized theoretical saturation, meaning the presence of clear and repeating but also rich and multifaceted patterns in the data (Roy et al., 2015). After the initial interviews were collected, the authors conducted initial readings of the interviews and agreed that theoretical saturation was reached on the topics of intimate relationships and depression dynamics. We verified theoretical saturation —achieved when no new themes regarding depression and relationship dynamics emerged and when existing themes had sufficient data—during the multistage coding process (Charmaz, 2006). First, the authors carefully read through the transcripts and field notes several times, extracting passages relevant to relationship dynamics around depression. Second, the authors then analyzed these extracted passages multiple times, identifying key initial codes. For instance, initial codes included "non-depressed partner tells depressed partner to get over depression" and "depression improved relationship." These initial codes identified not only how respondents reacted to their own and/or their partner's depression but also how they interpreted the depression and the support or lack of support around depression as affecting relationship dynamics. These categories form the themes and subthemes, detailed below in the results. Intercoder reliability (Miles & Huberman, 1984) was established, and the authors developed a standardized codebook based on the focused codes. In the final stage of analysis, the first author examined how recurring themes and subthemes related to one another on a conceptual level and examined systematic differences across couple types.

We refer to partners as "depressed," "previously depressed," or "non-depressed" in the following results; these labels reflect that for several couples, both partners discussed

experiencing depression though few experienced this depression concurrently. Depression is a lifelong and chronic condition for some but a more acute and episodic experience for others, reinforcing the importance of a dyadic and retrospective approach.

Results

Four themes emerged from our analysis of gay and lesbian relationship dynamics in relation to depression. First, we describe support provision processes around depression, highlighting that some degree of support was characteristic of the majority of gay and lesbian couples in the sample. Second, we describe the perceived impact of support on broader relationship dynamics. Third, we describe times in which support was intentionally withheld from a depressed partner. Fourth, we demonstrate that periods characterized by little to no support were often viewed as straining relationships. Throughout, we attend to the ways in which these themes vary by gender.

Support during Depression

We first discuss how the non- or previously-depressed partner in the majority of gay and lesbian couples described (or was described as) supporting the depressed partner. There were no clear gender differences in this theme. A subtheme, detailed below, shows that support was also provided by depressed partners within many lesbian couples.

Support for Depressed Partner—The majority of gay and lesbian couples described that support was given to the depressed partner. Bobby discussed how he tried to help his depressed partner, Terry:

> "I don't want to tell him I am really worried about him because I think that will make him feel worse. So, I just consciously try to not say anything about [his depression], but do things that just would make him feel better. So the environment in the home and in the bedroom, I just try to make it more conducive to being more relaxing."

Similarly, Stokes said when his partner Noah was depressed he supported him:

> "I just saw it as something that I needed to do, it was kind of my role to take care of him…I saw that I needed to protect him and take care of him and that kind of thing. So, rather than affect me so much, you know, I just, I would just do what I could to take care of him… I think I just kind of saw myself as a caregiver."

Previously depressed partners had a personal understanding of depression and thus provided support more rapidly and to a greater degree than respondents without this personal experience. Aidan's partner Max dealt with serious depression for a year. During that time, Aidan, who had previously dealt with depression himself, said, "I kept trying to reassure him and just say, you know, things will be better. Go see a doctor. I've done that…He preferred to die. And I said, 'That's not the answer.'" Aidan used his past experiences with depression and positive experiences with mental health professionals to encourage Max to seek treatment. Similarly, Christine said when she experienced depression, her partner Belinda, who had previously been depressed, told Christine to seek professional help because this had been helpful to Belinda. Christine said, "She basically just sat me down one day and gave

me a kick in the ass. 'I know you are in this hole and you don't know how to get out of it' … So I got a therapist and that helped a lot."

This support dynamic was also sometimes reported when a non- or previously-depressed partner had experience with the depression of another significant person in their life. Rex described why his partner Tucker was so supportive:

> "A boyfriend committed suicide in front of him. And so that, I mean, that had to be really trying. I have a lot of suicides in my life, but never right in front of me. And…I think that experience taught him to or helped him understand why that he has to try to divert someone's depression."

Provision of Support by Depressed Partner—One major theme in interviews with lesbian partners was that support was provided not just *for* depressed partners but also *by* depressed partners. This provision of support by depressed partners was described by almost half of the lesbian couples but none of the gay couples in our sample. These depressed women discussed how they actively tried to protect their partner from experiencing stress as a result of the depression. Sarah said of her own depression, "I felt terrible for Jessica, because I never, ever wanted to be a burden." To keep her partner from being stressed, Sarah quickly sought treatment and began taking antidepressants. Danielle said that during her depression "nothing was enjoyable" and she would repeatedly find herself in tears. Danielle noticed that her depression, "scared Gretchen really bad. Really, really scared her… Through that whole time, Gretchen kept saying, 'Is it something I have done? Is it something I have done?' And I kept saying, 'Depression is an illness. It is not you.'" Similarly, when Karla was depressed and did not feel like leaving the house, she says of her partner Olivia, "I would like her to have a place to go out and bitch about how difficult it is for her. And I always encourage her and I tell her to do stuff, because she's such a private person." Karla was concerned that Olivia would also become depressed due to the stress in the household and attempted to prevent this from happening.

The Perceived Effects of Support on Relationship Dynamics

Depressive episodes clearly impacted short-term and long-term relationship dynamics for some couples. Support was seen as sustaining the relationship as well as contributing to strain; this dynamic was dependent on who was providing the support, the intensity of the support, and how the support was received.

Support that Sustained the Relationship—For several lesbian couples, but only one gay couple, support was perceived as ultimately strengthening and sustaining the relationship and alleviating stress caused by the depression. Clarissa said Megan became depressed after losing her job, but the couple worked through Megan's depression together. Consequently, Clarissa said the depression "kind of like it made us stronger. Our bond stronger." Stanley said of dealing with his partner David's depression, "Stuff like that a lot of times makes you closer because you talk about things. There are certain things that I would say it's either going to tear you apart or it's going to make you closer… Fortunately, things that have happened with us usually pull us together," specifically mentioning the depression as one of those "things."

Support around depression was seen as helping to sustain— or at least not damaging—the relationship. This was particularly the case when the depressed partner provided support, as was the case in half of the lesbian couples. Danielle said, "[My depression] made our relationship stronger, because we talked about it…I got to just say, 'I love you. It is not you.'" Danielle attributed this closeness to the support she provided for Gretchen. Similarly, Kristen said that for her depression, "I just really try not to put it on the relationship [with Melissa]. And I try to keep that separate," and because of that, Kristen said that her depression "really doesn't affect us that much."

Rejected Support as a Source of Strain—Spouses in most couples said depression negatively impacted relationship dynamics even when support was provided. In fact, support was often seen as contributing to relationship strain when the support was rejected by depressed partners or when the support was intensive, involving self-sacrifice. A common scenario was that the non- or previously-depressed partner took numerous steps to support the depressed partner, but the depressed partner withdrew in part because he or she did not think the support was helpful. In the couples within this theme, at least one partner attributed some of the strain their relationship experienced during the depression to the rejected support dynamic. This dynamic was common in both gay and lesbian couples in our sample.

Sarah said she had trouble sleeping when she was depressed. She described how Jessica tried to help, "There were nights that I couldn't sleep and I would sit up and cry and couldn't figure out what I was crying about. And so she would sit up and cry with me." But Sarah did not think Jessica could help her: "I remember sitting and crying with Jessica one night and saying one night, 'I don't want to put you through this, because whatever is going on with me is not good.' This is not a good thing. And I remember Jessica wanting to help me so badly but there was nothing that she could do." Sarah withdrew and tried to deal with the depression on her own. Sarah and Jessica, along with most couples who described this dynamic, noted that their relationship strain increased during the depression, attributing this to the rejection of support and subsequent withdrawal of the depressed partner. Sarah further described how her relationship, especially her sexual relationship, with Jessica was irrevocably damaged: "We were very, very passionate lovers and it upset that for a period of time and it has never, ever come totally back, you know to the way that it was." For Sarah and Jessica, as well as other couples who described this dynamic, relationship strain did not fully subside even when the depressed partner recovered from the depression.

Similarly, Rex said when he was clinically depressed for a year, his partner Tucker tried to support him but Rex wanted Tucker to leave him alone. Rex said of Tucker's support, "He always jumps in to do that." Although Tucker tried to help, Rex said, "When you're in that state of mind, it's never enough. It really isn't." Rex later discussed how his rejection of Tucker's support strained their relationship, "It affected [our relationship] because when you're depressed, you withdraw. You know, you don't really care about anything. And so the other person just has to sort of put up with you. And I was very aware of that. But still not willing to come out of it for love, you know."

Partners' reports sometimes reflected disagreement about the nature of support, precipitating rejection. For example, Carol viewed support as talking about feelings. Angela said of Carol,

"She likes for me to let her in so that we can just talk and share and all that stuff. And when I go through those periods [of depression], I shut down and I close her off and she hates that." Carol disliked this dynamic and noted that when Angela was depressed, she "just kind of shut down," and that during this time "it might just be me being selfish, but I missed her." This was especially difficult because Carol noted in her interview that she was also depressed at that time, but did not feel like Angela could help her because Angela was withdrawn. Carol attributed her worsening mental health and their increased relationship strain to Angela's withdrawal and rejection of her continuously provided support.

Intensive Support as a Source of Strain—Respondents also described relationship strain when the support provided to a currently depressed partner was intensive and self-sacrificing. This theme was seen in fewer couples than the above themes and was primarily described by lesbian partners in our sample but also one gay couple. This relationship-straining intensive support to a depressed partner was described as continuous and with little respite. Intensive support involved personal sacrifice—primarily time and energy but also, for some respondents, extending to their jobs and their own mental health. Olivia said of Karla's depression, "Her being very depressed was difficult for me, because I got sucked into how she was feeling and trying to fix it. And I've never quite been able to get out of the mode of 'Well, I need to fix this.'" Olivia's description of being "sucked into" her partner's depression and not "able to get out of the mode" illustrates this intensive support and was described by several other couples. When Marissa was asked what her depression was like for her partner, Janice, she said:

> "It must have been so hard for her. She was just trying to keep it together for both of us, I think. She was worried about me. As I said, she stayed home with me. And I imagine, I mean, we have talked some about it, but never really said, 'What was it like for you?' She was scared for me. But she was there for me too."

Janice described this same period, talking about the sacrifices she made for Marissa's well-being:

> "I mean she was crying constantly and couldn't do anything. And started to be where I just called my boss and said, 'Look, I cannot leave my partner home alone, because she is just so whacked out right now.'"

Janice's intensive support for Marissa took a toll on her own mental health, which in turn drove Marissa and Janice farther apart. Janice said that while she was trying to support Marissa, she became depressed herself and started taking anti-depressants; Janice did not disclose this to Marissa because she worried about how it would impact Marissa. When Marissa was asked if Janice ever experienced depression, Marissa said she had not, indicating that Janice succeeded in concealing her depression from Marissa.

Intensive support was especially stressful when partners felt they failed to help their depressed partner. Aidan, the only gay respondent who discussed providing this intensive level of support, said when Max was depressed, "I stopped working away as much as I normally had, and just confined my work, when I did work, to this area so I could be home at night. And there were times that I didn't work." Eventually, Aidan eased back on trying to help Max because, "I couldn't change anything for him. I couldn't. And that really bothered

me." Elaine said when she was depressed, "[Jody] was always worried. She called me more when I was depressed… Checking in, to see if I was okay. She is always checking in. 'Are you okay?' 'Are you having a good day?'" In addition to checking in on Elaine, Jody also ensured that Elaine stayed on her medication. Even though Jody and Elaine described Jody's support as intensive and helpful, Jody said she did not feel she did enough, "Elaine was home alone at night while I was working. I hated that, but I didn't really have a whole lot of choice in the matter. So, I felt guilty to a certain extent, because I wasn't able to be home and be more supportive." To provide more support, Jody said she felt she needed to quit her job; but because she kept working, Jody felt lingering guilt that she did not do enough.

Lack of Support during Depression

In most couples, gay and lesbian, support was provided for depressed partners at some point during the depression. However, a minority of partners discussed a deliberate absence of support provision. Additionally, among the majority of couples, support was at times deliberately withheld by the non- or previously-depressed partner.

No Depression-Related Support at Any Time—A small number of gay and lesbian depressed partners discussed how their partner never provided support. Surprisingly, this dynamic was more common among previously depressed partners when dealing with their partner's current depression. These previously depressed respondents felt they did not need or appreciate support when depressed, so they in turn chose to not provide support for their depressed partner. Karla, who was previously depressed but did not provide support during Olivia's depression, admitted that she did not even notice when Olivia's depression worsened:

> "I just find her impossible for weeks on end, where I'm like, 'God! This is non-stop crappiness. And you're just like mean to all of us. Like it's one thing if you're mean to me, but you're like totally mean to the kids.' And then finally, usually weeks later, she'll just say, 'Well, I guess I need to up my dosage or something,' and I'm like, 'Oh yeah.'"

Karla said that she does not provide support because Olivia's mental health problems had "just been a lot of, in my eyes, drama. And I don't have drama."

Both Elliott and Spencer experienced depression at different times in their relationship. When Elliott found out that Spencer was very depressed and seeing a therapist but hiding it from Elliott, he said, "It was devastating. That was really hard to hear. It was hard to hear, but when it was going on, it was hard to hear that I didn't know." Spencer recounted that after Elliott found out, "He went crazy… [Elliott] would have wanted to help me through it, you know," and remembered this time as being very stressful. When Elliott experienced his own depression, Spencer said he expected Elliott to handle it on his own, saying, "He'll be okay," and not offering help but expecting Elliott to work through things in therapy, just as Spencer himself did.

Withdrawal of Support by Non- or Previously-Depressed Partner—For other couples, primarily lesbian women, despite sometimes providing support for the depressed

partner, support was also withdrawn at times. Support was withdrawn because of exhaustion, concern about the non- or previously-depressed partner's own well-being, or perceived ineffectiveness of the support. Courtney said during her depression, "At one point [Janet] said to me, she said something along the lines of, 'I know you are down, but I am not going to be dragged down with you.' So she kind of disconnected from me." Janet explained that this was for her own self-protection:

> "[Courtney] went through a period where she had a hard time getting out of bed. Didn't go to work. The whole weekend, she would stay in bed. You know, it was bad. And I was not going to let that keep me in bed. She was like, 'I want you to stay with me.' I was like, 'Honey, I need to go do things that I need to do.'"

Janet felt it was important to protect her own mental health and continue life as normal, so she said she told Courtney whenever she left the house, "I am going to go do this. If you want to come, come. If you don't, don't." Courtney said with this withdrawal of support she realized, "Nobody can solve that problem for you. I do need to find the resources to solve this problem," and she went to the doctor and began medication. Support was also sometimes withdrawn because the partner did not think the support was effective. When Donald was asked if he tried to help his partner Tim when he was depressed, Donald said, "Yeah, somewhat. It didn't seem to do much good, so I learned, hey, just let him go and he will come around."

As a subtheme, some gay and lesbian partners forcefully told their depressed partner to get over their depression and then withdrew their support. When Danielle was depressed, Gretchen said she would feel frustrated and tell Danielle, "Oh, come on, old lady. What do you think you are? Crippled?" and "Don't use that as an excuse. Come on!" Gretchen said when dealing with Danielle's depressive episodes, "If I'm in the middle of stuff, sure, sometimes I'll catch myself and say, 'I've got [work] tomorrow. I don't have time for this.'" Similarly, when asked what Carol thought of Angela's depression, Angela said, "She hates it." When Carol notices Angela's depression is particularly bad, Angela said, "She will recognize it and she will just kind of leave me alone… And if it lasts more than a couple of days, she is like, 'Okay. Get over it.'"

The Perceived Effects of Absence or Withdrawal of Support on Relationship Dynamics

The absence of support in response to depression was often discussed as a source of relationship strain among both gay and lesbian couples. This occurred in couples in which a partner never provided support as well as in couples in which a partner withdrew support. In most cases, lack of support contributed to relationship strain by making the depressed—as well as, to a lesser extent, the non- or previously-depressed partner—feel isolated.

Raymond and Christopher both discussed how Christopher did not provide support during Raymond's depression. Christopher mentioned that this strained their communication:

> "We weren't communicating that well with each other. Probably weren't doing a whole lot as far as, you know, with other people socially. And not that fun of a time for either one of us. Something that is affecting him, it is definitely going to affect what, our relationship, which in turn, affects me, and vice versa."

Janet discussed withdrawing support in order to protect her own well-being and not allow Courtney's depression to drag her down. When Courtney was asked how this made her feel, she said, "Scared. Abandoned." As a result of this withdrawal of support and appearance of apathy by Janet, Courtney said that they "have been farther apart."

Telling a currently depressed partner to get over their depression was also typically viewed as a source of relationship conflict and strain. Carla said that when Ann was depressed, "I'll put up with it for just a little while and then it's kind of like, 'I don't want to hear it. You know, here's the number, go get some help or shut up.'" Carla said she did this because Ann's depression was "bringing me down. And I was worried about her, and that causes some stress, especially when that person won't do anything about it except bitch and moan." After this conversation, Carla avoided Ann, and she felt like this was a difficult time in the relationship because they spent a lot of time avoiding communication with each other.

Discussion

We move beyond past research to show how depression within gay and lesbian relationships is not an individual experience impacting only the depressed partner; rather, depression reverberates between partners in ways that may sustain or undermine relationships. This study provides three novel findings that extend our understanding of gendered relationship dynamics and depression. Across these three key findings we find evidence that dominant gender scripts (e.g., women as nurturing and men as not nurturing) are both upheld and challenged within gay and lesbian couples, providing important insight into the way gender operates around depression within same-sex relationship contexts. First, we find that while support is frequently provided by non-depressed partners for depressed partners within gay and lesbian couples, the dynamic in which a depressed partner also provides support to the non-depressed partner was described only by lesbian partners in our sample. Second, we find that support given to a depressed or a non-depressed spouse sometimes sustains but also sometimes undermines the relationship. Strain was more likely to be described when support was rejected or highly intensive, with intensive support described more often by lesbian than gay partners. Third, we find that support is sometimes withdrawn by both gay and lesbian partners and that this withdrawal is often perceived to contribute to relationship strain. We detail the importance and relevance of these findings in more detail below.

First, we find that the majority of gay and lesbian partners discussed how the non- or previously-depressed partner worked to provide support for the depressed partner. For women, this dynamic is consistent with previous studies showing that women frequently provide support within intimate relationships and this support is more intensive and continuous than support provided by men (Umberson et al., 2015b). For instance, a recent study of heterosexual marriages found that when a spouse was depressed, wives were much more likely than husbands to offer support (Thomeer et al., 2013). Yet this study of heterosexual couples found men often avoided providing this support, but we find that most of the gay men in our study do provide support to depressed partners. While heterosexual men justify their lack of support by pointing to various masculinity scripts (e.g., not knowing how to understand emotions, not being equipped to provide emotional support) (Thomeer et al. 2013), gay men in our study do not appear to draw on these scripts of

hegemonic masculinity to explain their provision of support. Rather, they simply offer support to depressed partners with little reference to gender.

Although we note similarities across gay and lesbian couples, women's support in our sample is more continuous and intensive than men's. This is consistent with gender constructions of women as nurturing and other-oriented regardless of sexual orientation or partner's gender (Bottorff et al., 2013; Rosenfield et al., 2005). For example, past studies show that lesbian women and straight women provide more intensive support and emotion work for their partners than do gay men and straight men, with potentially negative consequences for women's mental health (Rothblum, 2009; Umberson et al., 2015b). Moreover, we find that depressed lesbian partners consciously avoid burdening their non-depressed partner, a dynamic not discussed by the gay partners we interviewed. This finding is similar to that of a recent study finding heterosexual women, but not heterosexual men, hide their depression in order to protect their spouse (Thomeer et al., 2013). Depressed women thus tend to protect their non-depressed partner, regardless of that partner's gender, by engaging in self-silencing, an act defined by gender scholars as the devaluation of personal experiences and suppression of emotions (Beauboeuf-Lafontant, 2007; Jack, 1993). The nurturant role hypothesis predicts that, due to constructions of femininity, women do not fully adopt the sick role (i.e., being a patient by resting and receiving care from others) in the way men do, and thus women care for others even when they are sick themselves (Gove, 1984). We broaden this hypothesis to argue that women's resistance to the sick role sometimes also extends to mental illness such as depression and occurs within lesbian relationship contexts as well as heterosexual contexts.

Second, we find that the nature, degree, and dynamics of support provision have implications for relationship dynamics—both positive and negative. Support at times sustains intimate relationships, primarily among lesbian couples, by alleviating depression and promoting communication and sharing. A previous study found that lesbian couples were more likely than gay or heterosexual couples to view open and frequent communication about emotions as key to intimacy (Umberson et al., 2015b). By promoting communication for lesbian couples, an important component of intimacy for lesbian partners, depression may counterintuitively strengthen a relationship. Because intimacy less often involves communication about emotions for gay couples (Umberson et al. 2015), this dynamic may be less common in gay couples.

Importantly, the provision of support—clearly documented as a social dynamic that largely benefits individuals and relationships (Thoits, 2011)— was not always viewed as beneficial for relationships when one partner was depressed. In fact, support was rarely viewed as helping to sustain the relationship; rather, support was sometimes viewed as contributing to relationship strain, especially when the support was rejected or when it was intensive and involved personal sacrifice. Relationship strain could in turn exacerbate depressive symptoms (Hammen, 2006), as well as facilitate the spread of depression from one partner to the other (Thomeer et al., 2013). In line with past studies on caregiving strain and support-related strain (Pearlin et al., 1990; Umberson & Montez, 2010), this finding cautions against assuming support is always a positive feature of relationships; much depends on how the support is received and the nature of the support. We suggest that the cost of partnering

with a depressed person may be higher for women than for men whether in a same-sex or different-sex relationship because women tend to provide more support and to suffer some stress as a result. As an additional caveat, although depressed lesbian respondents viewed the support they provided their non-depressed partner as facilitating a healthy relationship, providing support while depressed may be detrimental to their own mental health (Gove, 1984).

Third, for many couples, depression was not always characterized by support but was sometimes characterized by the withdrawal of support. The finding that both gay and lesbian couples sometimes withdraw support from a depressed partner is an important departure from past psychological studies depicting lesbian partners as overly dependent on each other and "emotionally fused" to the detriment of both partners (Burch, 1982; Causby et al., 1995; Krestan & Bepko, 1980). This finding is also an important caveat to Thomeer and colleagues' research which found that only heterosexual men, not heterosexual women, withdrew from their depressed partners (Thomeer et al., 2013) and is in line with research by Oliffe and others who find that heterosexual women sometimes provide "tough love" for depressed husbands as a self-protection strategy (Bottorff et al., 2013; Oliffe et al., 2011). This again provides evidence that gender scripts may vary for men and women in same-sex and different sex relationships. We emphasize that research on gender dynamics within relationships should move beyond heterosexist assumptions of gender towards an intersectional and relational understanding of gender, considering not only the gender of the individual but also their broader relational context (Umberson et al., 2015a). Though the withdrawal of support was often motivated by wanting to protect the non- or previously-depressed partners' own well-being, partners often mentioned that support withdrawal ultimately contributed to both partners' isolation and relationship strain. It is possible that couples dealing with more severe depression were more likely to withdraw support or that some of these partners may have experienced other health-related issues that affected their ability or capacity to offer support. We are not able to examine these possibilities with our data but future studies should consider how physical and mental health histories influence support exchanges within relationships.

As an additional contribution, our findings regarding support highlight the importance of a dyadic approach to a study of depression within intimate relationships. The mental health experiences of both partners in the relationship shape the nature of the support provided. For both men and women, immediate and continuous support was more often provided by partners who had themselves been depressed at some point in the past. At the same time, lack of support was also more often the case for previously depressed partners who did not expect or desire support when they were depressed. This finding demonstrates that the mental health of both partners is interwoven and characterized by significant costs (e.g., poor mental health of one partner undermines the mental health of the other partner) but also potential benefits (e.g., greater ability to recognize depression in the other partner and knowledge and willingness to help).

As LeBlanc and colleagues emphasize, a dyadic approach may be particularly important within the context of gay and lesbian couples who share a stigmatized sexual identity (LeBlanc et al., 2015). By occupying a sexual minority status, individuals within gay and

lesbian couples are already at higher risk for depression as well as shared minority stress (Hatzenbuehler et al., 2009; Mays & Cochran, 2001); researchers are only beginning to examine the implications of these stress experiences for gay and lesbian relationship dynamics (Otis et al., 2006b; Rostosky et al., 2007). While being in an intimate relationship is an important source of support for sexual minorities and a potential buffer against minority stress (Hsieh, 2014; Oetjen & Rothblum, 2000), our study's dyadic approach draws attention to how stress from depression reverberates within the relationship, with potential negative implications for partners. We suggest that a minority stress model may benefit from incorporating caregiving- and support-related stress (Pearlin et al., 1990), as these types of stress are may be particularly salient—yet overlooked—in a sexual minority couple context.

Limitations

Despite the unique contributions provided by using a qualitative dyadic approach to examine gendered dynamics related to depression within gay and lesbian relationships, several limitations should be noted. First, our sample includes only those couples who remained together for at least seven years. Therefore, couples who broke up, perhaps due to the depression of one or both partners, are selected out of our sample. Dissolved couples could provide important illustrations of how depression influences relationship dynamics and should be considered in future work. Second, because our sample is fairly homogenous and privileged in terms of race, ethnicity, and social class, our results cannot be generalized to the broader population. Future studies should consider whether these dynamics are found among other groups of gay and lesbian couples or whether these dynamics differ across social stratums. Just as gender constructions and risk and experiences of depression vary for partners in same-sex and different-sex relationships, there may be further variation by race, ethnicity, class, and age, limiting the generalizability of our findings and highlighting the importance of extending this research to other groups. Third, we do not have a measure of gender identity (i.e., how individuals identify on a masculine/feminine continuum) that might illuminate new patterns within and across couples. Future research should explore this to help us move further beyond a dichotomous view of gender in relationships. Fourth, we do not have quantitative measures of the severity of depression, though respondents do describe depression in-depth and give us a qualitative view of the severity of depression. It may be that more intensive support or more stress in a relationship reflects more depressive symptoms, rather than differences in responses to depression, but we cannot examine that possibility in this study. Further, respondents with the most severe depression likely did not agree to participate in this study, introducing an important source of selection bias to our results. Finally, we make interpretive distinctions between partners who withdraw support and partners do not offer support based on respondent accounts. However, more attention in future research should be paid to distinctions among the lack of support, the offering of support that is ill-received, and support that is given and then withdrawn by a partner. Moreover, our data are unable to provide detailed information on the intensity of support, and future research should work towards clearer measurement of these aspects of care provision and receipt.

Conclusion

Our study shifts the focus of both empirical research and clinical practice on depression among gay and lesbian adults from an individual-level issue to one that typically occurs within a relational context. Despite knowing that sexual minorities have worse mental health than heterosexuals (Hatzenbuehler et al., 2009; Mays & Cochran, 2001), little attention has been paid to the implications of higher rates of depression for intimate relationships. Our findings suggest that mental health practitioners and couples therapists should consider how the depression of one partner influences relationship dynamics with mental health implications for both partners, as well as strain in the relationship. Additionally, understanding the ways in which depression shapes relationship dynamics within gay and lesbian relationships provides insight into gendered relationship dynamics more generally. We find that support exchanges, and the implications of support for depression and relationship dynamics within gay and lesbian relationships, diverge from the gender scripts found in heterosexual couples. In some ways gay and lesbian couples both queer the support provision process by challenging traditional gendered views of support, while in other ways they uphold these gendered notions.

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References

Apesoa-Varano EC, Barker JC, Hinton L. Shards of sorrow: Older men's accounts of their depression experience. Social Science & Medicine. 2015; 124:1–8. [PubMed: 25461856]

Ayala J, Coleman H. Predictors of depression among lesbian women. Journal of Lesbian Studies. 2000; 4:71–86. [PubMed: 24802684]

Beauboeuf-Lafontant T. You have to show strength. Gender & Society. 2007; 21:28–51.

Bottorff JL, Oliffe JL, Kelly MT, Johnson JL, Carey J. Surviving men's depression: Women partners' perspectives. Health. 2013; 18:60–78. [PubMed: 23426793]

Burch B. Psychological merger in lesbian couples: A joint ego psychological and systems approach. Family Therapy. 1982; 9:201–208.

Butterworth P, Rodgers B. Concordance in the mental health of spouses: Analysis of a large national household panel survey. Psychological Medicine. 2006; 36:685–697. [PubMed: 16608560]

Causby V, Lockhart L, White B, Greene K. Fusion and conflict resolution in lesbian relationships. Journal of Gay & Lesbian Social Services. 1995; 3:67–82.

Charmaz, K. Constructing grounded theory: A practical guide through qualitative analysis. London: Sage Publications; 2006.

Connell RW, Messerschmidt JW. Hegemonic masculinity: Rethinking the concept. Gender & Society. 2005; 19:829–859.

Coyne J, Kessler RC, Tal M, Turnbull J, Worthman CB, Greden JF. Living with a depressed person. Journal of Consulting and Clinical Psychology. 1987; 55:347–352. [PubMed: 3597947]

Esterberg, KG. Qualitative methods in social research. Boston: McGraw-Hill; 2002.

Gates, GJ. Demographics of married and unmarried same-sex couples: Analyses of the 2013 American Community Survey. Los Angeles, CA: The Williams Institute, UCLA School of Law; 2015.

Goldberg AE. "Doing" and "undoing" gender: The meaning and division of housework in same-sex couples. Journal of Family Theory & Review. 2013; 5:85–104.

Gove WR. Gender differences in mental and physical illness: The effects of fixed roles and nurturant roles. Social Science & Medicine. 1984; 19:77–84. [PubMed: 6474235]

Hammen C. Stress generation in depression: Reflections on origins, research, and future directions. Journal of Clinical Psychology. 2006; 62:1065–1082. [PubMed: 16810666]

Harper JM, Sandberg JG. Depression and communication processes in later life marriages. Aging & Mental Health. 2009; 13:546–556. [PubMed: 19629779]

Hatzenbuehler ML, Keyes KM, Hasin DS. State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations. American Journal of Public Health. 2009; 99:2275–2281. [PubMed: 19833997]

Henderson AW, Lehavot K, Simoni JM. Ecological models of sexual satisfaction among lesbian/bisexual and heterosexual women. Archives of Sexual Behavior. 2009; 38:50–65. [PubMed: 18574685]

Hochschild AR. Emotion work, feeling rules, and social structure. American Journal of Sociology. 1979; 85:551–575.

Holahan CJ, Moos RH, Moerkbak ML, Cronkite RC, Holahan CK, Kenney BA. Spousal similarity in coping and depressive symptoms over 10 years. Journal of Family Psychology. 2007; 21:551–559. [PubMed: 18179327]

Hsieh N. Explaining the mental health disparity by sexual orientation: The importance of social resources. Society and Mental Health. 2014; 4:129–146.

Institute of Medicine. The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies of Science, Engineering, and Medicine; 2011.

Jack, DC. Silencing the self: Women and depression. New York: HarperCollins; 1993.

Krestan JA, Bepko CS. The problem of fusion in the lesbian relationship. Family Process. 1980; 19:277–289. [PubMed: 7409104]

LeBlanc AJ, Frost DM, Wight RG. Minority stress and stress proliferation among same-sex and other marginalized couples. Journal of Marriage and Family. 2015; 77:40–59. [PubMed: 25663713]

Mays VM, Cochran SD. Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. American Journal of Public Health. 2001; 91:1869–1876. [PubMed: 11684618]

Meyer IH. Minority stress and mental health in gay men. Journal of Health and Social Behavior. 1995; 36:38–56. [PubMed: 7738327]

Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin. 2003; 129:674–697. [PubMed: 12956539]

Miles, MB.; Huberman, AM. Qualitative data analysis: A sourcebook of new methods. Thousand Oaks, CA: Sage Publications; 1984.

Moore MR. Gendered power relations among women: A study of household decision making in Black, lesbian stepfamilies. American Sociological Review. 2008; 73:335–356.

Najman JM, Khatun M, Mamun A, Clavarino A, Williams GM, Scott J, O'Callaghan M, Hayatbakhsh R, Alati R. Does depression experienced by mothers leads to a decline in marital quality? A 21-year longitudinal study. Social Psychiatry and Psychiatric Epidemiology. 2014; 49:121–132. [PubMed: 23918196]

Oetjen H, Rothblum ED. When lesbians aren't gay: Factors affecting depression among lesbians. Journal of Homosexuality. 2000; 39:49–73. [PubMed: 10864377]

Oliffe JL, Kelly MT, Bottorff JL, Johnson JL, Wong ST. "He's more typically female because he's not afraid to cry": Connecting heterosexual gender relations and men's depression. Social Science & Medicine. 2011; 73:775–782. [PubMed: 21807445]

Oswald, RF.; Blume, LB.; Marks, SR. Decentering heteronormativity: A model for family studies. In: Bengston, VL.; Acock, AC.; Allen, KR.; Dilworth-Anderson, P.; Klein, DM., editors. Sourcebook of Family Theory & Research. Thousand Oaks, CA: Sage Publications; 2005. p. 143-165.

Otis MD, Riggle ED, Rostosky SS. Impact of mental health on perceptions of relationship satisfaction and quality among female same-sex couples. Journal of Lesbian Studies. 2006a; 10:267–283. [PubMed: 16873225]

Otis MD, Rostosky SS, Riggle ED, Hamrin R. Stress and relationship quality in same-sex couples. Journal of Social and Personal Relationships. 2006b; 23:81–99.

Pearlin LI, Mullan JT, Semple SJ, Skaff MM. Caregiving and the stress process: An overview of concepts and their measures. The Gerontologist. 1990; 30:583–594. [PubMed: 2276631]

Prickett KC, Martin-Storey A, Crosnoe R. A research note on time with children in different-and same-sex two-parent families. Demography. 2015; 52:905–918. [PubMed: 25911578]

Reczek C. Conducting a multi family member interview study. Family process. 2014; 53:318–335. [PubMed: 24410452]

Reczek C, Umberson D. Gender, health behavior, and intimate relationships: Lesbian, gay, and straight contexts. Social Science & Medicine. 2012; 74:1783–1790. [PubMed: 22227238]

Rosenfield S, Lennon MC, White HR. The self and mental health: Self-salience and the emergence of internalizing and externalizing problems. Journal of Health and Social Behavior. 2005; 46:323–340. [PubMed: 16433279]

Rostosky SS, Riggle ED, Gray BE, Hatton RL. Minority stress experiences in committed same-sex couple relationships. Professional Psychology: Research and Practice. 2007; 38:392.

Rothblum, ED. An overview of same-sex couples in relation ships: A research area still at sea. In: Hope, DA., editor. Contemporary perspectives on lesbian, gay, and bisexual identities. New York: Springer; 2009. p. 113-139.

Roy K, Zvonkovic A, Goldberg A, Sharp E, LaRossa R. Sampling richness and qualitative integrity: Challenges for research with families. Journal of Marriage and Family. 2015; 77:243–260.

Russell ST. Sexual minority youth and suicide risk. American Behavioral Scientist. 2003; 46:1241–1257.

Sandberg JG, Miller RB, Harper JM. A qualitative study of marital process and depression in older couples. Family Relations. 2002; 51:256–264.

Sharabi LL, Delaney AL, Knobloch LK. In their own words: How clinical depression affects romantic relationships. Journal of Social and Personal Relationships. 2015 Online First.

Siegel MJ, Bradley EH, Gallo WT, Kasl SV. The effect of spousal mental and physical health on husbands' and wives' depressive symptoms, among older adults. Journal of Aging and Health. 2004; 16:398–425. [PubMed: 15155069]

Silverman, D. Interpreting qualitative data: Methods for analyzing talk, text and interaction. Thousand Oaks, CA: Sage; 2006.

Simon, Robin W.; Nath, Leda E. Gender and emotion in the United States: Do men and women differ in self-reports of feelings and expressive behavior? American Journal of Sociology. 2004; 109:1137–1176.

Springer KW, Hankivsky O, Bates LM. Gender and health: Relational, intersectional, and biosocial approaches. Social Science & Medicine. 2012; 74:1661–1666. [PubMed: 22497844]

Thoits PA. Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior. 2011; 52:145–161. [PubMed: 21673143]

Thomeer MB, Umberson D, Pudrovska T. Marital processes around depression: A gendered and relational perspective. Society and Mental Health. 2013; 3:151–169. [PubMed: 25914855]

Umberson D, Montez JK. Social relationships and health. Journal of Health and Social Behavior. 2010; 51:S54–S66. [PubMed: 20943583]

Umberson D, Thomeer MB, Kroeger RA, Lodge A, Xu M. Challenges and opportunities for research on same-sex couples. Journal of Marriage and Family. 2015a; 77:96–111. [PubMed: 25598552]

Umberson D, Thomeer MB, Lodge AC. Intimacy and emotion work in lesbian, gay, and heterosexual relationships. Journal of Marriage and Family. 2015b; 77:542–556. [PubMed: 25814771]

Whisman MA. Marital adjustment and outcome following treatments for depression. Journal of Consulting and Clinical Psychology. 2001; 69:125. [PubMed: 11302269]

Whisman MA, Bruce ML. Marital dissatisfaction and incidence of major depressive episode in a community sample. Journal of Abnormal Psychology. 1999; 108:674. [PubMed: 10609431]

Whisman MA, Uebelacker LA. Prospective associations between marital discord and depressive symptoms in middle-aged and older adults. Psychology and Aging. 2009; 24:184. [PubMed: 19290750]

Research Highlights

1. We interviewed 52 individuals from 26 gay and lesbian couples with depression.
2. Most gay and lesbian partners offer support to a depressed partner.
3. Lesbian women provide support for partners when depressed themselves.
4. Support that is rejected or intensive strains relationships.
5. Common gender scripts are upheld and challenged in gay and lesbian couples.